RUSSELL COUNTY GOVERNMENT
Division of Occupational Tax Collection
NET PROFITS LICENSE FEE RETURN

	FISCAL YEAR ENDED		
Name and Address of Business	MO.	DAY	YR.
PLACE LABEL HERE	FED ID# OR S.S. #		

SECTION A

ANSWER COMPLETELY:

1. Check Which: _____ Corporation _____ S. Corporation

_____ Partnership _____ Individual _____ Fiduciary

_____ Other _____

2. Nature of Business _____

3. Did you have employees in Russell County? _____ Yes _____ No

4. Date business started in Russell County? _____

5. If organization was discontinued , state when _____

6. State Successor (Name & Address) _____

7. List additional business operated subject oto Russell County License Fee: _____

Check applicable: _____ No Activity, or _____ Final Return

SECTION B

1. NET INCOME (per attached form_____)
2. If SECTION D (line #1) is used, enter here PERCENTAGE
3. NET PROFITS subject to LICENSE FEE (line #1 x line #2)
4. Natural Persons 65 years or older DEDUCT $2,000.00
5. Adjusted Net Profits (line# 3, less line #4)
6. RUSSELL COUNTY LICENSE FEE (line #5 x.0025)
7. CREDITS: a. Estimated Payments
8. Balance (line #6, less line #7)
9. Penalty: 10% x line #8
10. Interest: 8% per annum
11. Balance (line #8 + line #9 + line #10)
12. Total Due from SECTION C (line #3, enter zero if N/A)
13. TOTAL BALANCE DUE (line #11 + line #12)
14. If ESTIMATE overpaid indicate: ____REFUND, or ____CREDIT

(DO NOT WRITE IN THIS SPACE)

Make check Payable To: Tax Administrator
Mail To: Tax Administrator
P.O. Box 7
Jamestown, KY 42629

SECTION C
AGRICULTURAL EMPLOYEES WITHHOLDINGS

1. Number of employees:
2. Total salaries, wages, commissions, other compensation
3. TAX DUE (line #2 x .0025), ENTER ON LINE #12

SECTION D

BUSINESS ALLOCATION PERCENTAGE: Divide Col. A by Col. B to obtain decimal.

FACTOR	Russell County COL. A	Total COL.B	Percentage COL. C
Net Income			

I hereby certify that the statements made herein and any supporting schedules are true, correct, and complete to the best of my knowledge.

TAXPAYER SIGNATURE: _____ DATE: _____

PREPAYER SIGNATURE: _____ DATE: _____

This return must be filed and paid in full on or before April 15, or within 105 days after the close of the fiscal year, sale, liquidation, or transfer.